## RECEIVED

NOV 1 4 2006

IDFPR (MPC)
DIVISION OF INSURANCE

**SUMMARY SHEET** 

		SPHINGFIELD
Change in Company's premium or ra	te level produced by rate revision effective	January 1, 2007
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger	_	
Commercial		
Liability Other Than Auto	1,887	+0.4%
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail	<del></del>	

Does filing only apply to certain territory (territories) or certain classes? If so, specify: na Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revising our company professional coverages.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

> All America Insurance Company Name of Company

> Mrs. Petrise Meyer Sr Rates and Forms Analyst Official - Title

Form (RF-3)

1.

2.

3. 4.

5.

6.

7. 8.

9. 10.

11.

12.

13. 14.

15.

Line of Insurance

Crop Hail

Other

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 12/1/2006

	(1)	(2)	(3)
	<u>Coverage</u>	Annual Premium  Volume (Illinois)*  Premium has been rounded to nearest \$1,000	Percent Change (+ or -)**
1.	Automobile Liability Private	,	
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	1,647,000	-9.00%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	· · · · · · · · · · · · · · · · · · ·	<u> </u>
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
<b>11</b> .	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance	·	
_			
Doe	es filing only apply to certain territory (	territories) or certain classes? If so, specify:	
		<u></u>	
		ates of an advisory organization, specify orgar	
Upd	ating Commercial General Liability loss costs.	Adopting Insurance Services Office reference filing GL-20	005-BGL1.
	<u>-</u>		
	P. J. Harris and all articles and all articles		
	ljusted to reflect all prior rate changes. hange in Company's premium level wl	hich will result from application of new rates.	
		AMERICAN CASUALTY COM	PANY OF READING, PA
		Nar	ne of Company
		Max Mindel - Actuarial Consult	ant
		C	Official – Title



,	Change in Company's premium or ra	te level produced by rate revision effective	6/01/2007
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto	\$15,404,014	+9.6 %
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	iling only apply to certain territory (t	territories) or certain classes? If so, specify:	
		rs rates of an advisory organization, specify o	
		nsurance Services Office (ISO), is filing to accepte the services of the servi	lopt ISO's General Liability
			<u> </u>

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

ARCH INSURANCE COMPANY
Name of Company

Rene L. Kohler, Regulatory Affairs
Official - Title

NOV 2 0 2006

SPRINGFIELD, ILLINOIS

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#### SUMMARY SHEET

	(1)	(2)	(3)
	(4)	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois) *	
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	398,613	9.6
4.	Burglary and Theft		
5.	Glass		
6. 7.	Fidelity Surety		
8.	Boiler and Machinery		<del> </del>
9.	Fire		
10.	Extended Coverage		• • • • • • • • • • • • • • • • • • • •
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	s filing only apply to certain sses?: If so, specify:	territory (territor	ries) or certain
	sses:: II so, specify:	110	
orga	ef description of filing. (If anization, specify organization Adopt ISO's revised loss costs	on) <u>:</u>	s of an advisory

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

AXA Ins. Co.
Name of Company

STATE OF LUNCH COMMENTS

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SP HAR HELD ILLINOIS

nda Broll Ass't. Vice President

## RECEIVED

NOV 1 4 2006

Form (RF-3)

## **SUMMARY SHEET**

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

	Change in Company's premium or rate	e level produced by rate revision effective	January 1, 2007
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	481,896	+0.4%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does i	filing only apply to certain territory (te	rritories) or certain classes? If so, specify:	
	description of filing. (If filing follows sing several of our company profession	rates of an advisory organization, specify on al coverages.	organization):
** C	djusted to reflect all prior rate changes hange in Company's premium level we sult from application of new rates.	s. hich will	

Central Mutual Insurance Company Name of Company

Mrs. Petrise Meyer Sr Rates and Forms Analyst

Official - Title

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### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective  $\frac{02}{01}$ 2007

	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automo	bile Liability		
	ate Passenger		
	ercial		
2. Automo	bile Physical Damage		
	ate Passenger		
	ercial		
3. Liabil	ity Other Than Auto	\$197,975	-21.9%
	ry and Theft		
5. Glass	•		
6. Fideli	ty		
7. Surety	•		
-	and Machinery		
9. Fire	•		
10. Extend	ed Coverage		
11. Inland	<del>-</del>		
12. Homeow			
13. Commer	cial Multi-Peril		
14. Crop H	ail		
15. Other			
	Line of Insurance		
Doog filin	a only apply to certain	territory (territories) on	r certain classes?
If so, spe		cerricory (cerricories) of	cordain crabbes.
ii bo, bpc			
Brief desc	ription of filing. (If	filing follows rates of a	an advisory
organizati	on, specify organization	n): Filing to adopt ISO	Rules and revise LCM.
-			

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

		DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED
Citizens		Company of America
	Name of	Company <b>OCT 3 0 2006</b>
Michele L.	Holm -	SPRINGFIELD, ILLINOIS
	Official	- Title

H29219D

## ILLINOIS DEPARTMENT OF INSURANCE CONTROL OF THE PROPERTY OF TH

## **SUMMARY SHEET**

NOV - 6 2006

Change in Company's premium or rate level produced by rate revision effective 12/1/2006

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	(1)	(2)	DIVISION OF INSUFANCE SPRINGFILES
		Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
		Premium has been rounded to nearest \$1,000	
1.	Automobile Liability Private Passenger Commercial		_
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	1,893,000	-10.90%
4.	Burglary and Theft	1,100,100	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
12.	Homeowners		<del></del>
13.	Commercial Multi-Peril		
14.	Crop Hail		<del></del>
15.	Other		
	Line of Insurance		
Doe	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify	<i>y</i> :
		ates of an advisory organization, specify o	
	justed to reflect all prior rate changes. hange in Company's premium level wh	nich will result from application of new rate	s.
		CONTINENTAL CASUAL	TY COMPANY
			Name of Company
		Max Mindel - Actuarial Co	nsultant
			Official – Title

Form	(RF-3)
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DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

NOV 2 7 2006

Change in Company's premium or rate level produced by rate Revision of Fictive 1-1-07

	(1)	(2)	(3)
		Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		ABP 0%;
	Commercial	ABP 2,648;	CDP -15%
		CDP 45,851	ABP 0%
3.	Liability Other Than Auto	ABP 14,455;	CDP -5%
		CDP 126,133	
4.	Burglary and Theft		The state of the s
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	1 DD 100 150	ABP -8%
9.	Fire	ABP 100,159	CDP -8%
		CDP 247,332	CDF -8 /6
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		4
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does	filing only apply to certain territory (	territories) or certain classes? If	so, specify:
no	ming only upply to consum ton-tony	,	· · · · · · · · · · · · · · · · · · ·
Brief	description of filing. (If filing follow	s rates of an advisory Organizat	ion, specify organization):
Rate	change for independent Agri-Bus	<u>iness Programs (ABP = Agri-B</u>	lusiness policies;
CDF	- Country Commodities Distribut	ors policies)	

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Continental Western Insurance Company
Name of Company

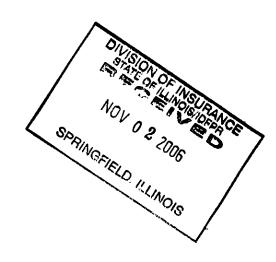
Teresa Wineland, Sr. Research & Statistical Analyst

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2007

	(1)	(2)	(3) Persont
	<u>Coverage</u>	Annual Premium <u>Volume (Illinois)*</u>	Percent <u>Change (+ or -)**</u>
1. 2.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	11,075	+9.6%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.			
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other		
	Line of Insurance		
Doe NO	es filing only apply to certain territory (	territories) or certain classes? If so, specify:	
	ef description of filing. (If filing follows tion of ISO Filing Designation numbers GL-2006-	rates of an advisory organization, specify org BGL1.	
	justed to reflect all prior rate changes. hange in Company's premium level w	hich will result from application of new rates.	
		Crum & Forster Indemnity Comp	nany
			ne of Company
		Ruth A. Overholser, Regulatory	Compliance Analyst
			Official – Title



	Change in Company's pre revision effective	mium or rate level produced by rate  June 1, 2007	
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change ( + or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	* \$10,568,479	0.0%
4.	Burglary and Theft		
5.	Glass		
6. 7	Fidelity	<u> </u>	
7.	Surety		
8. 9.	Boiler and Machinery Fire	<del></del>	
9. 10.	Extended Coverage		-
11.	Inland Marine	<del></del>	
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	<del></del>	
15.	Other		
	Line of Insurance	<del>-</del>	
		* 2005 Written Premium	
	s Filing only apply to certain territor ses? If so, specify:	y (territories) or certain	
	description of filing. (If filing follow nization, specify organization):	Adoption of ISO's General Liability	Loss Costs To Reflect
	•	Zip Code Territory Definitions	

- \* Adjusted to reflect all prior rate changes.
  \*\* Change in Company's premium level which will result from application of new rates.



**Discover Property & Casualty Insurance Company** 

Name of Company

George L. Estes, Corporate Sec.
Official - Title

	revision effective	remium or rate level produced by June 1, 2007	rate _·
	(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change ( + or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3. 4. 5. 6. 7.	Liability Other Than Auto Burglary and Theft Glass Fidelity Surety	* \$10,568,479	9.6%
8. 9. 10.	Boiler and Machinery Fire Extended Coverage		
11. 12. 13.	Inland Marine Homeowners Commercial Multi-Peril		
14. 15.	Crop Hail Other		
	Line of Insurance	* 2005 Written Premium	
	s Filing only apply to certain territ ses? If so, specify:	ory (territories) or certain	
	description of filing. (If filing follonization, specify organization):		I Liability Advisory Prospective
	* Adjusted to reflect all prior rate	changes.	-
**	* Adjusted to reflect all prior rate * Change in Company's premium result from application of new r	Hevel which will  ates. IVISION OF INSURANCE  STATE OF ILLINOIS/IDEPA  NOV 1 3 2006	Discover Property & Casualty Insurance Company Name of Company
	L	SPRINGFIELD, ILLINOIS	George L. Estes, Corporate Sec. Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE

## **SUMMARY SHEET**

Change in Company's premium or rate level	produced by rate revision effective	06/01/07
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
<ol> <li>Automobile Physical Damage Private Passenger Commercial</li> </ol>		
3. Liability Other Than Auto	1,978,531	-6.1%
4. Burglary and Theft	<del></del>	
5. Glass		
6. Fidelity		
7. Surety		
O Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
14. Crop Hail	· · · · · · · · · · · · · · · · · · ·	
15. Other		
Line of Insurance		
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specif	y:
Brief description of filing. (If filing follows rate Submission to adopt Illinois General Liabilit Multipliers.	es of an advisory organization, specify of the second security to the second se	organization): cory Definitions and Revised Loss Cost
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whicl	h will result from application of new rate	es.
	Employers Ir	surance Company of Wausau
		Name of Company
	Luann Benetti	Senior State Filings Analyst
		Official – Title



## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level pr	oduced by rate revision effective	01/01/07	
(1)	(2) Annual Premium		(3) Percent
<u>Coverage</u>	Volume (Illinois)*		Change (+ or -)**
1. Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage		*	
Private Passenger Commercial			
3. Liability Other Than Auto	1,431,033	-4.6	60%
Burglary and Theft		<del>-</del>	
5. Glass			
6. Fidelity			
7. Surety		·	
8. Boiler and Machinery			
9. Fire		**	
10. Extended Coverage 11. Inland Marine			
12. Homeowners		<del></del>	
13. Commercial Multi-Peril		<del></del>	
14. Crop Hail			
15. Other			
Line of Insurance		·	
Does filing only apply to certain territory (territor	ries) or certain classes? If so, specify:	No	
Brief description of filing. (If filing follows rates	of an advisory organization, specify organ	nization):	ISO
*Adjusted to reflect all prior rate changes.			
**Change in Company's premium level which w	rill result from application of new rates.		
	<b>.</b> .		
	Employe	rs Mutual Casualt	
		Name of Compar	ıy
	Don Coughe	ennower	Assistant Vice President
		Official - Title	

DIVISION OF INSURANCE

NOV 1 3 2006

SPRINGFIELD, ILLINOIS

premium or rate level produced by	rate revision effective	1/1/2007
(2) Annual Premium Volume (Illinois)  nage	(3) Percent Change (+ or -)  -7.5%	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR  NOV 0 1 2006  SPRINGFIELD, ILLINOIS
ducts Completed  ng follows rates of an advisory or	ganization, specify organi	
	Annual Premium Volume (Illinois)  hage  46,104  ance  atterritory (territories) or certain claducts Completed  and follows rates of an advisory or serial contents of the complete of the comp	Annual Premium Percent Change (+ or -)  146,104  -7.5%  Annual Premium Change (+ or -)  146,104  -7.5%  Annual Premium Change (+ or -)

Hartford Accident and Indemnity Company
Name of Company

	Change in Company's premiun	n or rate level produced by	rate revision effective	1/1/2007
		(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)	
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3. 4. 5. 6. 7.	Liability Other Than Auto Burglary and Theft Glass Fidelity Surety	1,240,263		SION OF INSURANCE ATE OF ILLINOIS/IDEPR ECEIVED NOV 0 1 2006
8. 9. 10. 11.	Boiler and Machinery Fire Extended Coverage Inland Marine		SPF	RINGFIELD, ILLINOIS
12. 13. 14. 15.	Homeowners Commercial Multi-Peril Crop Hail Other			
	Line of Insurance s filing only apply to certain territor nises /Operations and Products Co		sses? If so, specify:	
	description of filing. (If filing follows sing Companys Loss Cost Multiplie			
			Hartford Casualt Name	ty Insurance Company e of Company

(2) Annual Premium Volume (Illinois)  1. Automobile Liability Private Passenger Commercial  2. Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto 9,247,499 -7.5%  4. Burglary and Theft 5. Glass 6. Ficielity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify: Premises /Operations and Products Completed  Hartford Fire Insurance Company Name of Company  Hartford Fire Insurance Company Name of Company		Change in Company's premiun	n or rate level produced by	rate revision effective	1/1/2007
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 9,247,499 7.5% 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 11. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify: Premises /Operations and Products Completed  Hartford Fire Insurance Company  Hartford Fire Insurance Company			Annual Premium	Percent	
Private Passenger Commercial 3. Liability Other Than Auto 9,247,499 -7.5% 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire NOV 0 1 2006 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: Premises /Operations and Products Completed  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Reivsing Companys Loss Cost Multipliers based on ISO's Filing Reference Number GL-2005-BGL1.	1.	Private Passenger			
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: Premises /Operations and Products Completed  Brief description of filing. (If filing follows rates of an advisory organization); Reivsing Companys Loss Cost Multipliers based on ISO's Filing Reference Number GL-2005-BGL1.  Hartford Fire Insurance Company	2.	Private Passenger			
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: Premises /Operations and Products Completed  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Reivsing Companys Loss Cost Multipliers based on ISO's Filing Reference Number GL-2005-BGL1.	4.	Burglary and Theft	9,247,499	-7.5%	
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: Premises /Operations and Products Completed  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Reivsing Companys Loss Cost Multipliers based on ISO's Filing Reference Number GL-2005-BGL1.  Hartford Fire Insurance Company					DIVISION OF INC.
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: Premises /Operations and Products Completed  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Reivsing Companys Loss Cost Multipliers based on ISO's Filing Reference Number GL-2005-BGL1.  Hartford Fire Insurance Company		Surety			STATE OF ILLINOIS/IDEPE
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: Premises /Operations and Products Completed  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Reivsing Companys Loss Cost Multipliers based on ISO's Filing Reference Number GL-2005-BGL1.  Hartford Fire Insurance Company					CENED
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify: Premises /Operations and Products Completed  Brief description of filing. (If filling follows rates of an advisory organization, specify organization): Reivsing Companys Loss Cost Multipliers based on ISO's Filing Reference Number GL-2005-BGL1.  Hartford Fire Insurance Company					NOV 0 1 2006
12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify: Premises /Operations and Products Completed  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Reivsing Companys Loss Cost Multipliers based on ISO's Filing Reference Number GL-2005-BGL1.  Hartford Fire Insurance Company					2000
14. Crop Hail 15. Other Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: Premises /Operations and Products Completed  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Reivsing Companys Loss Cost Multipliers based on ISO's Filing Reference Number GL-2005-BGL1.  Hartford Fire Insurance Company					PRINGER
Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Premises /Operations and Products Completed  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  Reivsing Companys Loss Cost Multipliers based on ISO's Filing Reference Number GL-2005-BGL1.  Hartford Fire Insurance Company	13.	Commercial Multi-Peril			LLINOIS
Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Premises /Operations and Products Completed  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  Reivsing Companys Loss Cost Multipliers based on ISO's Filing Reference Number GL-2005-BGL1.  Hartford Fire Insurance Company					
Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Premises /Operations and Products Completed  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  Reivsing Companys Loss Cost Multipliers based on ISO's Filing Reference Number GL-2005-BGL1.  Hartford Fire Insurance Company	15.				
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  Reivsing Companys Loss Cost Multipliers based on ISO's Filing Reference Number GL-2005-BGL1.  Hartford Fire Insurance Company	Does		y (territories) or certain cla	sses? If so, specify:	
Reivsing Companys Loss Cost Multipliers based on ISO's Filing Reference Number GL-2005-BGL1.  Hartford Fire Insurance Company					
Hartford Fire Insurance Company					
				Hartford Fire	Insurance Company

Form	(RF-3)
------	--------

		(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)	
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial		D	VISION OF INSURANCE
3.	Liability Other Than Auto	180,549	7.5%	VISION OF INSURANCE STATE OF ILLINOIS/IDEPR
4.	Burglary and Theft	•		
5.	Glass			NOV 0 1 2006
6.	Fidelity			
7.	Surety			PINOSIS
8.	Boiler and Machinery			RINGFIELD, ILLINOIS
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine	<del></del>		
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other			
	Line of Insurance			
	s filing only apply to certain territor nises /Operations and Products C		sses? If so, specify:	
	description of filing. (If filing follo sing Companys Loss Cost Multipl			

Hartford Insurance Company of Illinois
Name of Company

## **SUMMARY SHEET**

	Change in Company's premiun	n or rate level produced by	rate revision effective	1/1/2007
		(2) Annual Premium	Percent	
1.	Automobile Liability Private Passenger Commercial	Volume (Illinois)	Change (+ or -)	
2.	Automobile Physical Damage Private Passenger Commercial		Divis	
3.	Liability Other Than Auto	342497	-7.5%7	SION OF INSURANCE TE OF ILLINOIS/IDEPR ECEIVED
4.	Burglary and Theft		6-31	C C C C C C C C C C C C C C C C C C C
5.	Glass			lou.
6.	Fidelity			10V 0 1 2006
7.	Surety			2000
8.	Boiler and Machinery		SDDI	1
9.	Fire			NGFIELD, ILLINOIS
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other			
	Line of Insurance		· · · · · · · · · · · · · · · · · · ·	
	s filing only apply to certain territon		usses? If so, specify:	
			. بن بن	
	description of filing. (If filing follow			
Reiv	sing Companys Loss Cost Multipli	ers based on ISO's Filing	Reference Number GL-2	005-BGL1.

Hartford Insurance Company of the Midwest
Name of Company

## **SUMMARY SHEET**

	Change in Company's premium	or rate level produced by	rate revision effective	1/1/2007
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril	(2) Annual Premium Volume (Illinois)	Percent Change (+ or -)	NOV 0 1 2006 RINGFIELD, ILLINOIS
14.	Crop Hail			
15.	Other Line of Insurance	<del></del>		
	s filing only apply to certain territory nises /Operations and Products Co		sses? If so, specify:	-
	description of filing. (If filing follow sing Companys Loss Cost Multiplie			

Hartford Underwriters Insurance Company
Name of Company

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	01/01/07	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>		(3) Percent Change (+ or -)**
Automobile Liability Private     Passenger Commercial			
Automobile Physical Damage			
Private Passenger Commercial			
Liability Other Than Auto	5,520,838	-4.	60%
Burglary and Theft		<del></del>	
5. Glass		<del></del>	
6. Fidelity			
7. Surety			<del> </del>
Boiler and Machinery			
9. Fire			<u> </u>
10. Extended Coverage			
11. Inland Marine			
12. Homeowners 13. Commercial Multi-Peril			
14. Crop Hail			
15. Other			
Line of Insurance	# · # · · · · · · · · · · · · · · · · ·		
<u> </u>			
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify:	No	
Brief description of filing. (If filing follows rate	es of an advisory organization, specify orga	nization):	ISO
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which		MCASCO Insuranc	ce Company
		Name of Compar	
			•
	Don Cough		Assistant Vice President
		Official - Title	

DIVISION OF INSURANCE STATE OF ILLINOISIDADI RECEIVED

NOV 1 3 2006

SPRINGFIELD, ILLINOIS

### SUMMARY SHEET

(2)

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NOV 2 8 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

(3)

Change in Company's premium or rate level produced by rate revision effective

(1)

		Annual Premium	Percent
1	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1	. Automobile Liability		
	Private Passenger Commercial		
2			
۷	Automobile Physical Damage Private Passenger		
	Commercial		
3	Liability Other Than Auto	1,691,259	10.0%
	Burglary and Theft	1,091,239	10.0%
	. Glass	-	-
	. Glass . Fidelity		
	. Surety		<del> </del>
	Boiler and Machinery		
	Fire		<del></del>
-	Extended Coverage		
	Inland Marine	<del></del>	
	Homeowners		
	Commercial Multi-Peril	<del></del>	
	Crop Hail		
	Other		
	Line of Insurance		
Does fi	ling only apply to certain territory (territories) or	certain classes? If so, specify:	
Overall  * Adjus  ** Cha	escription of filing. (If filing follows rates of an rate increase for Best Buy Product Replacement sted to reflect all prior rate changes. In the company's premium level which will the trom application of new rates.		ization):

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

NOV 2 9 2006

SPRINGFIELD, ILLINOIS

Illinois National Insurance Compa Name of Company

Filings Analyst
Official-Title

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NOV 2 8 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

(1)	(2)		(3)
	Annual Pre	emium	Percent
Coverage	<u>Volume (Ill</u>	<u>inois)*</u>	<u>Change (+ or -)**</u>
<ol> <li>Automobile Liability</li> </ol>			
Private Passenger			
Commercial			
<ol><li>Automobile Physical Damage</li></ol>	<del>-</del> -		<del></del>
Private Passenger			
Commercial			
3. Liability Other Than Auto	-	17,649,618	13.05%
<ol><li>Burglary and Theft</li></ol>			
5. Glass			
6. Fidelity		L LINE	
7. Surety			
8. Boiler and Machinery		<u> </u>	
9. Fire			
<ol><li>Extended Coverage</li></ol>			
11. Inland Marine			
12. Homeowners	<del></del>		
13. Commercial Multi-Peril		<del></del>	· · · · · · · · · · · · · · · · · · ·
14. Crop Hail			
15. Other		<del> </del>	
Line of Ir	isurance		
Does filing only apply to certain territory (	territories) or certain classes? If so	o, specify:	
Brief description of filing. (If filing follow			
Overall rate increase with the addition of n	ew products for the Best Buy Perfe	ormance Service P	lan.
* Adjusted to reflect all prior rate changes.			
** Change in Company's premium level w			
result from application of new rates.			
11			
<del></del>			
J DIV	ISION OF INSURANCE TATE OF ILLINOIS/IDEPR		
Ř	IECE WED	Illino	is National Insurance Compa
			of Company
	NOV 2 9 2006		• •
	j	Filing	s Analyst
l sp	RINGFIELD. ILLINOIS		al-Title

SPRINGFIELD, ILLINOIS

H29219D

Form (RF-3)	REC	OF INSUFANCE ILLINOIS/IDEPR EIVED SUMMA	ARY SHEET
Change in Company'	NOV s premium or rate	1 5 2006 level produced by rate revision	n effective June 1, 2007
(1)	SPRINGF	ELD, ILLINOIS <sup>2)</sup> Annual Premium	(3)
Coverage		Volume (Illinois)*	Percent <u>Change (+ or -)**</u>
1 4 4 1 11 1 7 1 4 1			
Automobile Liabil     Private Passenge			
Commercial	•		
2. Automobile Physi	cal Damage		
Private Passenge			
Commercial			
3. Liability Other Th	an Auto	NCC - \$29,000	+9.6%
4. Burglary and Thei	a		
<ol><li>Glass</li></ol>			
6. Fidelity			
7. Surety			
8. Boiler and Machin	iery		
9. Fire	_		
10. Extended Coverage	ţе	-	
<ul><li>11. Inland Marine</li><li>12. Homeowners</li></ul>			
13. Commercial Multi	i_Daril		
14. Crop Hail	i-Letti		
15. Other			
	Insurance		
Does filing only apply to co	ertain territory (ter	ritories) or certain classes? If	so, specify:
Brief description of filing. Adopt ISO filing GL-200		rates of an advisory organizati	on, specify organization):
* Adjusted to reflect all  ** Change in Company's result from application	premium level wh		
			N. 10 10 0
			National Casualty Company
			Name of Company
			Dawn Gormley - Filings Analyst I
			Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u> Change (+ or -)*'</u>
	Premium has been rounded to nearest \$1,000	
. Automobile Liability Private Passenger Commercial		
. Automobile Physical Damage Private Passenger Commercial		
. Liability Other Than Auto	4,459,000	-11.70%
. Burglary and Theft		
. Glass		
. Fidelity	· 1	
. Surety		
. Boiler and Machinery		
. Fire		
Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Other		
Line of Insurance		
oes filing only apply to certain territory (	territories) or certain classes? If so, specify:	

NATIONAL FIRE INSURANCE COMPANY OF HARTFORD

Name of Company

Max Mindel - Actuarial Consultant

Official - Title



<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

## **SUMMARY SHEET**

(	Change in Company's premium or rate	06/01/2007	
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial	,	
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	\$3,196	+15.4%
4.	Burglary and Theft	Ψ2,170	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	-	
9.	Fire		
10.	Extended Coverage	<del></del>	
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
Ado		rates of an advisory organization, specify of the Loss Costs as referenced in ISO I	

- \* Adjusted to reflect all prior rate changes.
  \*\* Change in Company's premium level which will result from application of new rates.

DIVISION OF INCUSANCE National Interstate Insuran STATE OF ILLINOIS Company  NOV 0 2 2006  NOV 0 2 2006		
SPRINGFIELD, ILLINOISKatl	y Koenig, Regulatory ipliance Specialist Official - Title	

## ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 6/1/2007

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	4,902,260	+9.6%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		<u> </u>
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Doe	es filing only apply to certain territory (	territories) or certain classes? If so, specify:	
NO			
	ef description of filing. (If filing follows tion of ISO Filing Designation numbers GL-2006	rates of an advisory organization, specify organization.	
*Ad	justed to reflect all prior rate changes.		
		hich will result from application of new rates.	
		The North River Insurance Cor	mpany

Name of Company

Ruth A. Overholser, Regulatory Compliance Analyst

Official - Title



DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

Form (RF-3)

SUMMARY SHEET

NOV 3 0 2006

Change in Company's premium or rate level SPRINGRELDY LITANOIS revision effective 06/01/2007

<del></del>		
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
<ol> <li>Automobile Liability         Private Passenger         Commercial</li> <li>Automobile Physical Damage         Private Passenger</li> </ol>		
Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass	10,928,035	0
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance		
Does filing only apply to certain If so, specify: NO	territory (territories)	certain classes?
Brief description of filing. (If organization, specify organization		

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

 Old	Republic	In	surance	Company	
	Name	of	Company		

Deborah J. Matthews - Manager - Regulatory Compliance
Official - Title

H29219D

## **SUMMARY SHEET**

		(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)	
1.	Automobile Liability			Divido
	Private Passenger Commercial			DIVISION OF INSURANCE
2.	Automobile Physical Damage			BECENOUS DE
<b>Z</b> .	Private Passenger			NOV 0 1 2006
_	Commercial	44.075	7.0/	2000
3.	Liability Other Than Auto	41,275	-7.5%	0000
4. 5.	Burglary and Theft Glass			SPRINGFIELD, ILLINOIS
5. 6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			•
11.	Inland Marine			
12.	Homeowners		·	
13.	Commercial Multi-Peril		Wr.	
14.	Crop Hail			
15.	Other			
	Line of Insurance			
	s filing only apply to certain territory nises /Operations and Products Co		esses? If so, specify:	
	description of filing. (If filing follow sing Companys Loss Cost Multiplie			

Property and Casualty Ins. Co. of Hartford
Name of Company

	Change in Company's premium or rat	e level produced by rate revision effective	June 1, 2007
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	SIN - \$162,000	+9.6%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does No	filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	
		s rates of an advisory organization, specify o	organization):
Ado	pt ISO filing GL-2006-BGL1		

- Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.



H29219D

	revision effective	June 1, 2007	
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change ( + or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	·	
_	Commercial		
3.	Liability Other Than Auto	\$17,612	+9.6%
4.	Burglary and Theft		
5.	Glass	<del></del>	
6. 7	Fidelity		
7.	Surety Boiler and Machinery	······································	
8. 9.	Fire		
9. 10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		***
14.	Crop Hail		
15.	Other	<del></del>	
	s Filing only apply to certain territor ses? If so, specify:	ry (territories) or certain	
	f description of filing. (If filing follow inization, specify organization):	vs rates of an advisory Adoption of ISO's Revised Commandate Prospective Loss Cost	
	* Adjusted to reflect all prior rate cl * Change in Company's premium le result from application of new rate	evel which will	ca Insurance Company Name of Company
		I ZUUK I	
		1	
		SPRINGFIELD. ILLINOIS Doug	glas M. Libby - President Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

NOV 2 7 2006

Form (RP 3)

### SUMMARY SHEET

SPRINGFIELD, ILLINOIS

revision effective	02/01/2007 .	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Dam	AAGE	
Private Passenger Commercial		
3. Liability Other Than Au	\$2,700	-35.7%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Line of Insura		
Does filing only apply to o	certain territory (territories)or	certain classes?
	g. (If filing follows rates of a	n advisory
organization, specify organ	nization):	
	nce Services Office (ISO) latest RLA1) as well as the accompanying	
* Adjusted to reflect all ** Change in Company's pre- result from application	mium level which will	
	Sentry Insurance A Muti	
	Name of Compar	ny
	Janet Fagan VP Chief	Actuary
H29319D	Official - Tit	le

- -

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent Change (+ or <u>-)**</u>
Coverage	<u>Volume (Illinois)*</u>	Ollarigo (* St. 7
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial	\$4,892,349 (42005)	- 9.9 %
Liability Other Than Auto     Burglary and Theft	<u> </u>	
5. Glass		
6. Fidelity		
7. Surety		
B. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. OtherLine of Insurance		
<u> </u>		.la
Does filing only apply to certain territory	(territories) or certain classes? If so, specify:	<u> </u>
Drief description of filing (If filing follows	rates of an advisory organization, specify organ	nization):
150 Adopt	ion LI-Gh-2005-141	
*Adjusted to reflect all prior rate changes  **Change in Company's premium level w	s. which will result from application of new rates.	
		-12 whide Fire he (a
	Name Name	- Wichido Fire Ins. Co. ne of Company (US Branch Wicki Analyst
	_	<del>_</del>
	Showi A lierz	WICK ANGLIST

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

NOV 3 0 2006

SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Coverage	Premium has been rounded to nearest \$1,000	onundo ( · or )
Automobile Liability Private     Passenger Commercial	r fermum has been rounded to hearest \$1,000	
<ol> <li>Automobile Physical Damage Private Passenger Comme</li> </ol>	rcial	
3. Liability Other Than Auto	2,517,000	-8.40%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		•
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other	-	
Line of Insurance		
Does filing only apply to certain terri	tory (territories) or certain classes? If so, specify:	
2003 Iming Only apply to dertain term	(torritorios) or cortain staccos. It so, eposity.	<del> :-</del>
	lows rates of an advisory organization, specify organ	
Updating Commercial General Liability loss	costs. Adopting Insurance Services Office reference filing GL-20	JUS-BGLT.
	<u> </u>	
*Adjusted to reflect all prior rate cha **Change in Company's premium le	nges. vel which will result from application of new rates.	
	TRANSCONTINENTAL INSUF	RANCE COMPANY
	Nati	me of Company
	Max Mindel - Actuarial Consult	ant

DIVISION OF INSUFAMCE STATE OF ILLINOIS/IDEPIG RECENTION

Official - Title

NOV 0 6 1306

SPRINGFIELD. ILLINOIS

## ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective (3) (2) (1) **Annual Premium** Percent Change (+ or -)\*\* Coverage Volume (Illinois)\* Premium has been rounded to nearest \$1,000 Automobile Liability Private **Passenger Commercial** Automobile Physical Damage Private Passenger Commercial -12.40% 3. Liability Other Than Auto 1,291,000 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** Fire 9. 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Updating Commercial General Liability loss costs. Adopting Insurance Services Office reference filing GL-2005-BGL1.

TRANSPORTATION INSURANCE COMPANY

Name of Company

Max Mindel - Actuarial Consultant

Official - Title



<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

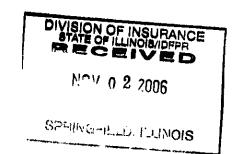
# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
I. A	automobile Liability Private		
2. A	Passenger Commercial automobile Physical Damage Private Passenger Commercial		
3. L	iability Other Than Auto	1,342,339	+9.6%
	lurglary and Theft		
5. G	alass		
3. F	idelity		
	Surety		
	oiler and Machinery		
	ire		
	xtended Coverage		
	nland Marine		
	lomeowners		
	Commercial Multi-Peril		
	Crop Hail		
15. C	Other		
	Line of Insurance		
	filing only apply to certain territory (	territories) or certain classes? If so, spec	sify:
10			
Brief o	description of filing. (If filing follows	rates of an advisory organization, specif	v organization):
	n of ISO Filing Designation numbers GL-2006	• • •	y organization).
idopilor	II of 130 Filing Designation numbers GE-2006	BGL1.	
	sted to reflect all prior rate changes. nge in Company's premium level w	hich will resulf from application of new ra	ates.

Name of Company

Ruth A. Overholser, Regulatory Compliance Analyst

Official - Title



## ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 12/1/2006 (1)(2) (3) **Annual Premium** Percent Volume (Illinois)\* Change (+ or -)\*\* Coverage Premium has been rounded to nearest \$1,000 **Automobile Liability Private** Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 2.846,000 -9.80% **Burglary and Theft** 4. 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9 Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Updating Commercial General Liability loss costs. Adopting Insurance Services Office reference filing GL-2005-BGL1. \*Adjusted to reflect all prior rate changes. \*\*Change in Company's premium level which will result from application of new rates. VALLEY FORGE INSURANCE COMPANY Name of Company

Max Mindel - Actuarial Consultant

Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEAL

NOV 0 6 2006

SPRINGFIELD, ILLINOIS

## ILLINOIS DEPARTMENT OF INSURANCE

### **SUMMARY SHEET**

Change in Company's premium or rate I	06/01/07	
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
<ol><li>Liability Other Than Auto</li></ol>	945,357	6.1%
<ol><li>Burglary and Theft</li></ol>		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other	· · · · · · · · · · · · · · · · · · ·	
Line of Insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, specify	
boes ming only apply to certain territory	(territories) or certain classes: it so, specify	·
	1.400+4	
Brief description of filing (If filing follows	rates of an advisory organization, specify o	rganization):
	ability Loss Costs to reflect Zip Code Territo	
Multipliers.	2011K, 2000 00010 10 1011K	sty Bolithania and Nevisco 2000 Cook
*Adjusted to reflect all prior rate changes	5.	
	which will result from application of new rate	S.
		-
	Wausau Bu	siness Insurance Company
		Name of Company
	Luann Benetti	Senior State Filings Analyst
		Official - Title



(RF-3)

## ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

J110	(1)	vel produced by rate revision effective  (2)	(3)
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	533,636	-6.1%
1	Burglary and Theft		
ō.	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		<u> </u>
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		<u> </u>
15.	Other		
	Line of Insurance		
Эoе	es filing only apply to certain territory (	territories) or certain classes? If so, specify:	
Sub		rates of an advisory organization, specify or bility Loss Costs to reflect Zip Code Territo	
	justed to reflect all prior rate changes hange in Company's premium level w	hich will result from application of new rates	
		Wausau Unde	erwriters Insurance Company

Name of Company Luann Benetti Senior State Filings Analyst
Official – Title

DIVISION OF INSURANCE

NOV 2 9 2006

SPRINGFIELD, ILLINOIS